

CITY OF TROY ECONOMIC DEVELOPMENT ASSISTANCE PROGRAM
Application for Funding Assistance

Applicant:

Owner: _____

Owner Address: _____

Email: _____ Telephone: () _____

Business/Project Address: _____

Total Project Cost: _____

Loan Request: _____ Grant Request: _____

Business Type: Corp. _____ Partnership _____ Sole Prop _____

Year Established: _____ FEIN: _____

Years at current address: Business _____ Home _____

Gross Annual Sales: \$ _____

Other Income: \$ _____

Income from alimony, child support, or separate maintenance payments need not be revealed. Examples of other income include social security, disability, or rental income.

Ownership of Applicant Company:

List all principals with 20% or more ownership:

Name	Title	% Owned	Annual Compensation

Affiliates:

List all businesses in which applicant or any owner has an interest.

Name	Title	% Owned	Annual Compensation

List all Bank account information:

Bank Name	Checking	Savings	Other	Balance

List all sources of project funding, and dollar amount and use (s) of funds requested.

Source of Funds	Use of Funds	Dollar Amount
		Total Project Cost
		Total Funds Requested
		Total Owner Equity

Description of Collateral Offered:

Collateral	\$ Value	Mortgage/Lien	\$ Value

Outstanding Debt (List all loans, credit cards, lines of credit, installment debt, leases, and mortgages)

Lender	Original Amt.	Balance	Monthly Payment

Additional Information:

Is your business party to any claim or lawsuit? _____Yes _____No

Have you or any owner, officer, director or partner ever owned a business that has declared bankruptcy? _____Yes
_____ No

Does your business owe taxes for other than the current year? _____Yes _____ No

If yes to any question, please explain:

Project Description:**Attorney:**

Name

Address

Contact

Zip Code

Telephone ()

Accountant:

Name

Address

Contact

Zip Code

Telephone ()

Trade References:

1. Name

Address

Contact

Zip Code

Telephone ()

2. Name

Address

Contact

Zip Code

Telephone ()

3. Name

Address

Contact

Zip Code

Telephone ()

Insurance Agent/Bonding Company:

Name

Address

Contact

Zip Code

Telephone ()

Signature

By signing below, my business and I both agree to be liable for the indebtedness incurred on this loan. I certify to the truth of my statements above and authorize the City of Troy to obtain personal credit reports in connections with this application. If it does so, upon request, I will be informed of that fact and each credit bureau's name and address. I also authorize the City of Troy to verify with others information contained in this application and to report its transactions with me, in the event of non-payment of any loan established hereunder.

Signature_____Date_____

The City of Troy certifies that it will comply with all Federal statutes and regulations that prohibit discrimination on the basis of race, color, national origin, religion, sex, handicap, age, or any other nondiscrimination statute(s), which may apply to the applicant.

Scope of Work

Building Address: _____

Contact Information: Phone: _____ **Email:** _____

1. Describe Proposed Work:

(Please provide information where applicable for use of funds)

	Upgrade Existing	New Replacement	New Installation	Repair Existing	Removal	Estimate
Interior:						
Design / Development Costs						
Interior demolition / Site prep						
Building stabilization						
HVAC systems						
Plumbing systems						
Electrical systems						
Smoke / Heat detection systems						
Sprinkler systems						
Emergency signage / Lighting						
Security systems						
Energy efficient improvements						
Windows / Doors						
Elevators						
Stairwells						
Asbestos						
Mold						
Other						
Exterior:						
Roofing						
Masonry						
Windows / Doors						
Storefront						
Detailing / Restoration						
Painting / Siding						
Handicap Accessibility						
Other						
					Total:	

2. Attachments

- Photographs of building – all sides & roof, if applicable. Detailed photos of problem areas are recommended.
- Estimates of proposed work
- An estimated project schedule
- Evidence of insurance

I, the applicant, hereby agree to perform the work in accordance with the historical technical specifications for maintenances and repair work for properties located in the City of Troy's Local Historic District

Applicant's Signature

Date

EMPLOYMENT PLAN

COMPANY NAME:

ADDRESS:

CONTACT PERSON:

TELEPHONE NO:

TYPE OF BUSINESS:

LOAN SIGNATORY:

Current Jobs Full-Time By Occupation			Projection of New Permanent Full-Time Jobs			
Permanent Occupations In Company	Base Annual Salary or Hourly Wage	Number of Employees (1)	1 st Year (2)	2 nd Year (3)	3 rd Year (4)	Total New Jobs (5)
Professional						
Clerical						
Sales						
Service						
Construction						
Manufacturing						
Skilled						
Semi-Skilled						
Unskilled						
Other (Describe)						
Total:						

The employees of our firm are not ☐ are ☐ currently covered by a collective bargaining agreement with (name of International union and Local union number): _____

Union Contract Person (address/phone number): _____

Contract expiration date: _____ Number of employees covered: _____

Prepared by: _____

Title: _____

Signature: _____ Date: _____

Please list the names and addresses of current employees who reside in Troy, NY.

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

6.) _____

7.) _____

8.) _____

9.) _____

10.) _____

Company Summary

Company Name: _____

Project Address: _____

Owner Name: _____

Owner Address: _____

Telephone () _____ Email _____

Provide a detailed description of your company and its projected activities:

Provide a list of the products and/or services you will provide:

1. _____
2. _____
3. _____
4. _____
5. _____

Provide a detailed description of your relevant experience, or the relevant experience of other company principals, in owning or managing a business (use additional sheets if necessary):

Describe your strategy for marketing the business:

Start-up Summary:

Start-up Expenses	
Equipment	
Inventory	
Rent & Security Deposit	
Legal & Accounting	
Insurance	
Utilities	
Renovations	
Other	
Total Start-up Expenses:	\$

Funding / Investment	
Source	\$ Amount
Total Investment:	\$

Current Liabilities	
Accounts Payable	
Current Borrowing	
Other Current Liabilities	
Total Liability	\$

Three-Year Pro-Forma Statement

Income	Year 1	Year 2	Year 3
Sales Revenue			
Rents			
Miscellaneous			
Total			\$

Expense	Year 1	Year 2	Year 3
Rents/Mortgage			
Revolving Credit			
Taxes			
Insurance			
Payroll			
Utilities			
Legal/Accounting			
Inventory/Supplies			
Bank Loans			
Other			

Signature: _____ Date: _____